

STATE OF INDIANA
IN THE PORTER SUPERIOR COURT, COUNTY OF PORTER

E.N., a minor, Individually)	
And by her Guardians and)	
Next Friends, N.N. and T.N,)	
Plaintiffs,)	
)	
vs.)	CAUSE NO.: 64D0__-1802-CT-____
)	
PORTAGE TOWNSHIP SCHOOLS,)	
Defendant.)	

**Administrative Rule 9(G)(5) Notice of Exclusion
of Confidential Information from Public Access**

Contemporaneous with the filing of this notice, E.N. has filed confidential information on green paper in accordance with Administrative Rule 9(G)(6). Pursuant to Administrative Rule 9(G)(5), E.N, provides this notice that the confidential information contained on that green paper is to remain excluded from public access in accordance with the authority listed below:

<u>Name or description of document filed on green paper.</u>	<u>Administrative Rule 9(G) grounds upon which exclusion is authorized.</u>
Complaint	Names of minor victims of and family, 9(G)(2)(g)(1)



Respectfully submitted,

HARPER AND HARPER

/s/ Robert P. Harper

ROBERT P. HARPER, Attorney No. 7479-64

304 West U.S. Highway 6

Valparaiso, IN 46385

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Circuit-Superior Court for the County of Porter
STATE OF INDIANA

Clerk
Porter County, Indiana

E.N., a minor, Individually and by her Guardians and
Next Friends, N.N. and T.N.,

Plaintiff

— vs —

PORTAGE TOWNSHIP SCHOOLS

Defendant

No.

SHERIFF'S RETURN OF SERVICE

Date: Time:

L/W:

L/D: R/L:

Officer:

Porter Superior Court
16 Lincolnway
Valparaiso, IN 46383
Phone: (219) 465-3450

SUMMONS

Amanda Alaniz, Superintendent

Portage Township Schools

6240 W.S. Highway 6

Portage, IN 46368

The State of Indiana to Defendant

You have been sued by the person(s) named "plaintiff", in the court stated above.

The nature of the suit against you is stated in the complaint which is attached to this document. It also states the demand which the plaintiff has made and wants from you.

You must answer the complaint in writing, by you or your attorney, within twenty (20) days, commencing the day after you receive this summons, (you have twenty-three (23) days to answer if this summons was received by mail), or judgment will be entered against you for what the plaintiff has demanded.

If you have a claim for relief against the plaintiff arising from the same transaction or occurrence, you must assert it in your written answer.

2/13/2019

Date

Robert P. Harper of Harper and Harper

Attorney for Plaintiff

304 W. U.S. Highway 6

Valparaiso, IN 46385

Telephone .. 219-762-9538

BT

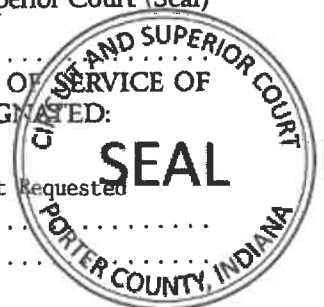
Clerk, Porter Circuit / Superior Court (Seal)

By
THE FOLLOWING MANNER OF SERVICE OF
SUMMONS IS HEREBY DESIGNATED:

☐ Sheriff or Bailiff

☒ Certified Mail Return Receipt Requested

☐ Other as follows:



CERTIFICATE OF MAILING

I hereby certify that on the day of, 20, I mailed a copy of this summons and a copy of the complaint to each of the defendant(s)

ABOVE NAMED

by (registered or certified) mail requesting a return receipt signed by the addressee only addressed to each of said defendant(s)

ABOVE NAMED

at the address(es) furnished by the plaintiff.

Date

Clerk, Porter Circuit / Superior Court (Seal)

By:

RETURN ON SERVICE OF SUMMONS

I hereby certify that I have served the within summons:

1. By delivering on the day of, 20 , a copy of this summons and a copy of the complaint to each of the within-named defendant(s)
.

2. By leaving on the day of, 20 for each of the within named defendant(s)
., a copy of the summons and a copy of the complaint at the respective dwelling house or usual place of abode with, a person of suitable age and discretion residing therein whose usual duties or activities include prompt communication of such information to the person served.

3.
.
and by mailing a copy of the summons without the complaint to
.
at, the last known address of the defendant(s).

All done in County, Indiana.

Fees: \$
Mileage:	Sheriff of County, Indiana
Total: \$	By Deputy

SERVICE ACKNOWLEDGED

A copy of the within summons and a copy of the complaint attached thereto were received by me at
., this day of, 20

.
Signature of Defendant

APPEARANCE FORM (CIVIL)

Initiating Party

Case Number: 64D0 -1802-CT- (File stamp)
(To be supplied by Clerk at the time of filing)

/ / Check if *Pro Se*. **NOTE: This form is not required for pro se protective orders.**

1. E.N., a minor, Individually and by her Guardians and Next 2. _____
Name of first initiating party Friends, N.N. and T.N. Telephone of *pro se* initiating party
(Supply names of additional initiating parties on continuation page.)

3. Attorney information (as applicable for service of process):

Name: Robert P. Harper Atty Number: 7479-64
Address: Harper and Harper Phone: 219-762-9538
304 W. U.S. Highway 6 FAX: 219- 762-0763
Valparaiso, IN 46385 Computer Address: _____
(Supply information for additional attorneys on continuation page.)

4. Case Type requested: CT 5. Will accept FAX service: Yes X No _____
(See Administrative Rule 8(b)(3))

6. Social Security numbers of all family members in proceedings involving support issues.

Name: _____ SS # _____ Name: _____ SS# _____
Name: _____ SS # _____ Name: _____ SS# _____
Name: _____ SS # _____ Name: _____ SS# _____
(Supply social security numbers for additional persons on continuation page.)

7. Are there related cases? Yes _____ No _____ If yes, list case and number below:

Caption _____ Case Number _____
Caption _____ Case Number _____
(Supply information for additional related cases on continuation page.)

8. Additional information required by state or local rule: _____

APPEARANCE FORM (CIVIL) - Initiating Party: Continuation Page

Case Number _____

Continuation of Item 1 (Names of initiating parties):

Name _____	Phone (Pro se only) _____
Name _____	Phone (Pro se only) _____
Name _____	Phone (Pro se only) _____
Name _____	Phone (Pro se only) _____

Continuation of Item 3 (Attorney information, as applicable for service of process):

Name: <u>James E. Harper</u>	Atty Number: <u>33695-64</u>
Address: <u>Harper and Harper</u>	Phone: <u>219-762-9538</u>
<u>304 W. U.S. Highway 6</u>	FAX: <u>219-762-0763</u>
_____	Computer Address: _____
Name: _____	Atty Number: _____
Address: _____	Phone: _____
_____	FAX: _____
_____	Computer Address: _____
Name: _____	Atty Number: _____
Address: _____	Phone: _____
_____	FAX: _____
_____	Computer Address: _____
Name: _____	Atty Number: _____
Address: _____	Phone: _____
_____	FAX: _____
_____	Computer Address: _____

Continuation of Item 6 (Social Security numbers of family members in cases involving support):

Name: _____	SS # _____	Name: _____	SS# _____
Name: _____	SS # _____	Name: _____	SS# _____

Continuation of Item 7 (Caption and case number of related cases):

Caption _____	Case Number _____
Caption _____	Case Number _____

Authority: Pursuant to Trial Rule 3.1(A), this form shall be filed at the time an action is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.

Use additional continuation pages if needed.